

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. 159

Place of Birth Miami County Gila No. 915 Rose Road St.

(Registration District)

SEX OF CHILD* Female Twin
Triplet or other? 3. and Number
in order of birth 3DATE OF BIRTH* Mar 17 1924
(Month) (Day) (Year)FULL NAME Nellie Duran Mawson FATHERFULL MAIDEN NAME Mena Fuller MOTHERI HEREBY CERTIFY that the child described herein
has been namedRamon Mawson
(Give name in full) (Surname)Mena Mawson
(Parent's Signature)Luella Brown
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
5M 5/20/41

9 MS - 317-469